

**NOTICE OF CONTRACTING OPPORTUNITY
APPLICATION FOR NAVY CONTRACT POSITIONS**

**GENERAL DENTIST
ISSUE DATE: 23 JULY 2001
THIS IS NOT A CIVIL SERVICE POSITION**

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE AUGUST 15, 2001. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
ATTN: CODE 022 (MRS. DONNA BLACKSTONE)
1681 NELSON STREET
FORT DETRICK, MD 21702-9203

E-MAIL: DRBlackstone@us.med.navy.mil
TELEPHONE: 301-619-2062

A. NOTICE. This position is set aside for individual General Dentists. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing dental services under other Navy contracts without the prior approval of the Contracting Officer

B. POSITION SYNOPSIS. The Government is seeking to place under contract, an individual who holds a current, unrestricted license to practice as a Dentist in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. This individual must also (1) meet all the requirements contained herein; and (2), competitively win this contract award (see paragraphs D and E).

You shall be on duty in the assigned work areas of the Branch Dental Clinic (BDC) Fort Worth, TX for 40 hours each week. You shall normally provide 8.5 hours (to include an uncompensated .5 hour for lunch), between the hours of 0630 and 1630 on Monday through Friday throughout the term of the contract. Your working hours shall be set by the Clinic Director to achieve maximum utilization in concert with the normal clinic working hours not to exceed 8 working hours. Work areas include a mobile dental unit normally in use on the piers. All such piers are within a ten-mile radius. You shall arrive for each scheduled shift in a well-rested condition and shall have had at least six hours of rest from all other duties as a Dentist.

On-call: Please see Attachment 1.

You shall accrue six hours of annual leave (vacation) and two hours of sick leave at the end of every 80-hour period worked. Your services shall not be required on the following federally established paid holidays unless you are in an on-call status during the specific holiday to provide emergent dental services: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each year at the option of the Navy.

II. Statement of Work

A. The use of "Commanding Officer" means: Commanding Officer, NDC Gulf Coast, or designated representative, e.g. Technical Liaison, Department Head.

B. Suits arising out of Medical Malpractice. The health care worker(s) is(are) serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. Duties and Responsibilities. You shall perform a full range of general dentistry services, within the scope of clinical privileges (see attachment) granted by the Commanding Officer, on site using government furnished supplies, facilities and equipment within the assigned unit of the Dental Treatment Facility. Workload occurs as a result of scheduled and unscheduled requirements for care. Your actual clinical performance will be a function of the Commanding Officer's credentialing process and the overall demand for General Dentist services.

1. You shall be responsible for the delivery of treatment within the personnel and equipment capabilities of the DTF, provision of mandated surveillance and preventive services, and the quality and timeliness of treatment records and reports required to document procedures performed and care provided.
2. You shall direct supporting government employees assigned to you during the performance of clinical procedures. Such direction and interaction will comply with government and professional clinical standards and accepted protocols. You shall be subject to guidelines set forth in the Command's quality assurance and risk management instructions. You shall perform limited administrative duties which include maintaining statistical records of workload and participating in clinical staff quality assurance functions and inservice training functions at the prerogative of the Commanding Officer.
3. You shall direct supporting government employees assigned to you during the performance of clinical procedures. Such direction and interaction will comply with government and professional clinical standards and accepted protocols.
4. The work environment involves risks typically associated with the performance of clinical oral procedures. You shall be exposed to contagious disease, infections and flying dental debris requiring the wearing of protection such as sterile gloves, masks and eyeglasses.
5. You shall comply with and promote all safety, infection control and hazardous materials standard operating procedures endorsed by the Commanding Officer. Additionally, you shall comply with and promote all policy statements, such as, work environment and equal opportunity, endorsed by the Commanding Officer.

Clinical Services:

1. Routine workload is scheduled by the treatment facility. Primary workload is a result of appointments generated by patient activity through the department or scheduled through the dental treatment facility. You shall have full responsibility for diagnostic examinations and development of comprehensive treatment plans when indicated, delivery of treatment within the personnel, equipment, and supply capabilities of the facility. In addition, you shall have full responsibility for the quality and timeliness of preparation of dental records and reports for procedures performed and care provided. Patients frequently have overlapping, multiple symptoms and often require multidiscipline long-term treatment. You shall refer patients to staff specialists for consultative opinions and continuation of care and shall see the patients of other staff health care providers for consultation and treatment.
2. Your actual clinical performance will be a function of the Commanding Officer's credentialing process and the overall demand for dental services. Your productivity is expected to be comparable with that of other general dentists assigned to the same facility and

scope of practice. You shall perform clinical appointments and scheduled procedures which include, but are not limited to the following: Restorations (amalgam and composite); Adult Prophylaxis and Adjunctive Services; Scaling and Root Planing; Comprehensive Oral Examinations; Oral Health Counseling; Dental and Soft Tissue examinations and Adjunctive Procedures. You shall also perform emergency procedures which include, but are not limited to, the following: Unscheduled Examinations; Temporary Restorations; Pulpotomies.

Administrative and Training Requirements. You shall:

1. Provide training and /or direction to supporting government employees (dental assistants, hygienists and technicians, corpsmen, etc.) assigned to you during the performance of clinical procedures. Such direction and interaction will adhere to government and professional clinical standards and accepted clinical protocol. Participate in clinical staff quality assurance functions at the prerogative of the Commanding Officer. You may be required to maintain statistical records of your clinical workload.
2. Participate in monthly meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of your regular working hours, you shall be required to read and initial the minutes of the meeting.
3. Participate in the provision of monthly inservice training to non-healthcare-practitioner members of the clinical and administrative staff on subjects germane to dental care.
4. Attend annual renewal of the following Annual Training Requirements provided by the DTF: family advocacy, disaster training, infection control, Sexual Harassment, Bloodborne Pathogens and Fire Safety.
5. FAMILY ADVOCACY. Participate in the implementation of the Hospital's Family Advocacy Program as directed.
6. You are required to maintain American Heart Association CPR Health Care Provider Course re-certification during the term of the contract. This re-certification will be provided by the Navy.
7. Additionally, you shall perform administrative functions such as serving on boards and committees and attending or providing continuing dental education.

Orientation:

1. You shall undergo an on-site orientation period. Orientation shall include familiarization with the facility, introduction to the Quality Improvement Program, introduction to NDC Gulf Coast rules and regulations, introduction to military protocols such as military structure, time and rank, acquisition of parking permits and clarification of rights and responsibilities. One day shall be a Command Orientation Training Period, the second day shall be unit specific and the third day shall include CHCS training. Command orientation shall be scheduled in advance.

Credentials and Privileging

1. If you receive an award, you shall complete an Individual Credentials File (ICF) prior to performance of services. Completed ICF must be forwarded 30 days prior to performance of duties to the MTF's Professional Affairs Department. The ICF, maintained at the MTF, contains specific information with regard to qualifying degrees and licenses, past professional experience and performance, education and training, health status, and current competence as compared to specialty-specific criteria regarding eligibility for defined scopes of health care services. BUMED Instruction 6320.66C, Section 4 and Appendices B, F and R detail the ICF requirements. A copy of this instruction may be obtained from the World Wide Web at: <http://www-nmlc.med.navy.mil/code02/contractorinfo.htm> For those health care providers who currently have an ICF on file, an updated Personal and Professional Information Sheet (PPIS) for Privileged Providers (Attachment 8), with notation that a complete up-to-date ICF is on file, shall be submitted no less than 15 days prior to commencement of services.
2. If your clinical privileges have been summarily suspended pending an investigation into questions of professional ethics or

conduct, your performance under this contract may be suspended until clinical privileges are reinstated. No reimbursement shall be made and no other compensation shall accrue to you so long as performance is suspended. The denial, suspension, limitation, or revocation of clinical privileges based upon practitioner impairment or misconduct shall be reported to the appropriate authorities.

D. Minimum Personnel Qualifications. To be qualified for this position you must:

1. Have either (a), graduated from an accredited dental school approved by the Council on Dental Education of the ADA within the preceding 12 months, or (b) graduated from an accredited dental school approved by the Council on Dental Education of the ADA and have experience as a General Dentist of at least 12 months within the preceding 36 months (Attachment 3, Items II and VI).
2. Successfully complete at least 12 classroom hours of continuing General Dentistry education within the preceding 24 months which maintain skills and knowledge as a General Dentist. This requirement is not applicable to new graduates per Item D.1., above. (Attachment 3, Item III).
3. Have a current, unrestricted license to practice as a General Dentist in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands (Attachment 3, Item IV).
4. Possess current American Heart Association CPR Health Care Provider Course Certification and maintenance of the same throughout the term of the contract. (Attachment 3, Item V)
5. Be eligible for U.S. employment. Provide copies of supporting documentation. (Attachment 3, Item VII and Attachment 5).
6. Provide two letters of recommendation from practicing dentists attesting to your clinical skills. Letters of recommendation must include name, title, date of reference, phone number, address and signature of individual providing reference. Recent graduates may provide letters of recommendation from faculty where General Dentist training was received per item D.1., above. Reference letters must have been written within the preceding 2 years. (Attachment 3, Item VIII).
7. Represent an acceptable malpractice risk to the Navy. (Attachment 3, page 1).
8. Submit a fair and reasonable price as determined by the Government prior to contract award. (Attachment 4).

E. Factors to be Used in a Contract Award Decision. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified General Dentists using the following enhancing criteria, listed in descending order of importance:

1. Quality and Quantity of experience as it relates to the duties contained herein. This may include subspecialty training or the ability to train other General Dentist or dental hygienists/assistants, etc, then,
2. The letters of recommendation required in item D.6, above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc. You may provide more letters of recommendation than are required. ., then,
3. Total Continuing Education hours, then,
4. Additional dental/medical certifications or licensure, then,
5. Prior experience in a military dental facility (Form DD214).

F. Instructions for Completing the Application. To be qualified for this contract position, you must submit the following: (NOTE: *Please answer every question on the " Personal Qualifications Sheet ". Mark "N/A" if the item is not applicable. _

1. ____ Two copies of a completed, "Personal Qualification Sheet" (Attachment 3)
 2. ____ Two copies of a completed Pricing Sheet (Attachment 4)
 3. ____ Two copies of completed Representations, Certifications and other statements of offers (Attachment 6)
 4. ____ Two letters of recommendations per paragraph D.6. above.
- G. Other information for Offerors.**

ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Contractor Employment Opportunities/Information, OR can be requested from the contract specialist listed below.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr2000.com>. This website contains all information necessary to register in CCR. An extract from this website is provided as Attachment 4 to this application.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for (enter HCW and NAICS code that applies).

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423 or call your Contract Specialist or Contracting Officer at NMLC. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment 2, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Any questions must be directed to Mrs. Donna Blackstone who may be reached at (301) 619-2062.

We look forward to receiving your application.

On-Call for Specific Locations

NDC Pensacola, NDC Corry Field and NATTC - The health care worker shall rotate on-call services with other dentists at the facility. Typically assigned one weekday per month and one weekend every four to five months to provide on-call services, the healthcare worker will be immediately available by phone or pager to the duty dental technician to respond to any patient related queries. If deemed appropriate to do so by the healthcare worker, arrangements will be made with the duty technician to have the patient treated in the clinic in a timely manner, consistent with accepted standards of care for the delivery of palliative dental treatment.

BDC Fort Worth- The healthcare worker shall rotate on-call with other dentists at the facility. Typically assigned two weeks per ten week period, the healthcare worker will be available by phone or pager to the duty dental technician to respond to any patient related queries. Should it be determined that the healthcare worker's presence is required in the clinic, arrangements will be made by the healthcare worker to meet with the patient within one hour and in a manner appropriate with current, accepted Standard of care. The healthcare worker shall be provided with a "beeper" for which they will be responsible for replacing if lost, stolen or damaged. Additional requirement for on-call dentist at this reserve facility is to provide weekend exams for reserve patients approximately two, half-days per year. The on-call healthcare worker shall remain in the Dallas-Fort Worth metropolitan area.

DEPARTMENT OF THE NAVY
NAVAL DENTAL CENTER, GULF COAST

General Dentistry - Core Procedures

- Comprehensive dental examination, consultation, and treatment planning including the use of radiographs, photographs, diagnostic tests, impressions, jaw relation records and diagnostic casts.
- Preliminary diagnosis, initial treatment, or stabilization of oral manifestations of systemic disease
- Management of odontogenic infections and diseases through pharmacologic means and incision and drainage
- Post mortem dental exam for purposes of identification
- Preventive dentistry services
- Sedation and analgesia (oral) (patients over 12 years old)
- Restorative dentistry; inlays, onlays, amalgams, composites, bonding, veneers, pin or post retention
- Pulp caps, pulpotomy, pulpectomy
- Occlusal adjustment (limited)
- Provisional splinting
- Occlusal splint
- Root planing
- Apexification and apexogenesis
- Gingivectomy and gingivoplasty
- Gingival curettage
- Complete or partial dentures; new, relines, rebase, repair, immediate (uncomplicated)
- Crown, retainer, and pontic (uncomplicated) services not increasing the vertical dimension of occlusion
- Post and core procedures
- Tooth extraction (routine) including vertical or mesioangular, high partially encapsulated third molars
- Post trauma replantation
- Alveoloplasty concurrent with extractions
- Repair traumatic wounds (less than 2 cm and not crossing vermilion border)
- Local anesthesia
- Soft tissue excision/biopsy
- Foreign body removal in the treatment of acute trauma
- Osteitis and pericoronitis treatment
- Complete uncomplicated, nonsurgical root canal therapy for permanent teeth
- Bleaching of discolored teeth
- Space maintenance
- Removable orthodontic appliance to effect minor tooth movement or habit correction

PERSONAL QUALIFICATIONS SHEET - DENTISTS

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).
2. The information you provide will be used to determine your acceptability based on Section H of this application. In addition to the Personal Qualifications Sheet, please submit two letters of recommendation as described in Item VIII of this Sheet.
3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education Degree, Release of Information, Personal and Professional Information Sheet, all dental licenses held within the preceding 10 years, copy of American Heart Association CPR Health Care Provider Course Certification card (or equivalent), continuing education certificates, and employment eligibility documentation. If you submit false information, the following actions may occur:
 - a) Your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts.
 - b) You may lose your clinical privileges. If that occurs, an adverse credentialing action report will be forwarded to your State licensing bureau and the National Practitioners Databank.
4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam no more than 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.
5. Practice Information:

	<u>Yes</u>	<u>No</u>
1. Have you ever been the subject of a malpractice claim? (indicate final disposition of case in comments)	---	---
2. Have you ever been a defendant in a felony or misdemeanor case? (indicate final disposition of case in comments)	---	---
3. Has your license to practice or DEA certification ever been revoked or restricted in any state?	---	---

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

_____	_____ (mm/dd/yy)
(Signature)	(Date)

Personal Qualifications Sheet - Dentist

I. General Information

Name: _____ SSN: _____
Last First Middle
Address: _____
Phone: (____) _____

II. Professional Education (Section D, Item 1):

Doctorate Degree in Dentistry from: _____
(Name of ADA accredited School and location)
Date of Degree: _____ (mm/dd/yy)

III. Continuing Education (Section D, Item 2):

<u>Title of Course</u>	<u>Course Dates</u>	<u>CE Hrs</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IV. Professional Licensure, Dental (License must be current, valid, and unrestricted) (Section D, Item 3):

(mm/dd/yy)
State Date of Expiration

V. American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardiopulmonary Resuscitation) for the Professional Rescuer; or equivalent.

Training Type listed on Card: _____
Expiration Date: _____ (mm/dd/yy)

VI. Professional Employment: List your current and preceding employers for the past 3 years. Provide dates as month/year. (Section D)

Name and Address of Present Employer

From To

(1) _____

Work Performed: _____

Names and Addresses of Preceding Employers

From

To

(2) _____

Work Performed: _____

From

To

(3) _____

Work Performed: _____

Are you currently employed on a Navy contract? If so where is your current contract and what is the position? _____

When does the contract expire? _____

VII. Employment Eligibility (Section D, Item 5)

Yes No

Do you meet the requirements for U.S. Employment Eligibility contained in Section V? Please [provide copies of Supporting documentation.

VIII. Professional References (Section D, Item 6)

Provide two letters of recommendation from practicing dentists attesting to your clinical skills. Recent graduates may provide letters of recommendation from faculty where general dental training was received per Section D, Item 1 of the application. Recommendation letters must include name, title, phone number, date of reference, address and signature of individual providing the letter. Reference letters must have been written within the preceding two years.

IX. Additional Information:

Provide any additional information you feel may enhance your ranking based on Section E. "Factors to be Used in a Contract Award Decision", such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, etc.

X. I hereby certify the above information to be true and accurate:

(Signature)

(Date)

(mm/dd/yy)

PRICING SHEET

PERIOD OF PERFORMANCE

Services are required from 1 October 2001 through 30 September 2002. Four option periods will be included which will extend services through 30 September 2006. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Dentists in the Pensacola, FL area.

(a) Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you quote for the base period will be added to the proposed quote for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform, on behalf of the Government, the duties of one Dentist at the Branch Dental Clinic Fort Worth, TX in accordance with this Application and the resulting contract.				
0001AA	Base Period; 1 Oct 01 thru 30 Sep 02	2088	Hrs	_____	_____
0001AB	Base Period On-Call hours	24	Hrs	_____	_____
0001AC	Option Period I; 1 Oct 02 thru 30 Sep 03	2088	Hrs	_____	_____
0001AD	Option Period I; On-Call	24	Hrs	_____	_____
0001AE	Option Period II; 1 Oct 03 thru 30 Sep 04	2096	Hrs	_____	_____
0001AF	Option Period II; On-Call	24	Hrs	_____	_____
0001AG	Option Period III; 1 Oct 04 thru 30 Sep 05	2088	Hrs	_____	_____
0001AH	Option Period III; On-Call	24	Hrs	_____	_____
0001AJ	Option Period IV; 1 Oct 05 thru 30 Sep 06	2088	Hrs	_____	_____
0001AK	Option Period IV; On-Call	24	Hrs	_____	_____

TOTAL FOR CONTRACT LINE ITEM 0001 _____

Printed Name _____

Signature _____ Date _____

LISTS OF ACCEPTABLE DOCUMENTS
SUBMIT ONE FROM LIST A
LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
 2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
 3. School ID card with a photograph
 4. Voter's registration card
 5. U.S. Military card or draft record
 6. Military dependant's ID Card
 7. U.S. Coast Guard Merchant Mariner Card
 8. Native American tribal document
 9. Driver's license issued by a Canadian government authority
- For persons under age 18 who are unable to present a document listed above;**
10. School record or report card
 11. Clinic, doctor, or hospital record
 12. Day-care or nursery school record

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
7. Unexpired employment authorization document issued by the INS (other than those listed under List a).

SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- ☐ The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.
- ☐ The offeror represents for general statistical purposes that it is a service disabled veteran owned small business.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

___ Black American.

___ Hispanic American.

___ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).

___ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).

___ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Offeror's Name : _____

Notice of Contracting Opportunity No.: DB-04-01 - General Dentist

**CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://ccr2000.com>. If you do not have internet access, please contact the CCR Customer Assistance Center at 1-888-227-2423 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

After you have completed registration, please forward this document along with your completed application package by the application due date to:

Naval Medical Logistics Command
Acquisition Management Directorate
ATTN: Code 022 (Mrs. Donna Blackstone)
1681 Nelson Street
Fort Detrick, MD 21702-9203

Name: _____

Company: _____

Address: _____

Date CCR Form was submitted: _____

Assigned DUN & BRADSTREET #: _____

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APPENDIX J

PERSONAL AND PROFESSIONAL INFORMATION SHEET
PRIVILEGED PROVIDER

Complete all items and sections. List all dates as day-month-year. Use "NA" if not applicable. "Yes" answers require full explanation in the comments section or on an attached sheet of paper. Indicate the section number and subsection for those items being commented upon in attachments.

1. General

Last Name, First, MI: _____ Alias (Last, First, MI): _____
Grade: _____ Desig: _____ SSN: _____
Date of Birth: _____ Branch of Service: _____
Citizenship: _____ Reporting Date: _____ PRD: _____
Specialty: _____
Office Telephone Number: (____) _____-_____
Office Address: _____
Local Address: _____
Home Telephone Number: (____) _____-_____

2. Professional Education and Training (most recent first)

a. Basic Qualifying Degree (e.g., MD, DO, OD, MSW, or PhD)

Institution	Address	Credential	From	To

b. Internship (INT), Residency (RES), and Fellowship (FEL).

Institution	Address	Credential	From	To

3. Qualifying Certifications and Specialty Boards. Certification or recertification, issue date, and expiration date.

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4. List all Licenses or Certificates by State or Federal Agency. Include all those that have been either voluntarily or involuntarily withdrawn.

a. License Information

License Number	State	Type	Expires

b. Drug Enforcement Agency Numbers

DEA Number	Expires	DEA Number	Expires

5. All Professional Assignments, Military and Civilian

6. Academic Appointments

Institution	Full Address	Position	From	To

7. Professional Affiliations

Organization	Full Address	Office	From	To

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8. Continuing Education Credits for Past 2 Years. (For initial appointment only. Use practitioner's training file for renewal.)

a. Academic

Institution	Course Title/Subject	Credit Hours	Date

b. Contingency Training (indicate certified [C] or trained [T]).

Training	C/T	Expiration	Training	CT	Expiration
BLS			ACLS		
ATLS			CTTC		
C-4			CALS		
PALS					

9. Health Status and History (Answer "yes" or "no." Explain all "yes" answers in comments section).

- _____ a. Do you currently have any physical or mental impairments that could limit your clinical practice?
- _____ b. Are you currently taking any medications?
- _____ c. Do you have a potentially-communicable disease?
- _____ d. Have you been hospitalized for any reason during the last 5 years?
- _____ e. Have you ever been psychiatrically hospitalized or diagnosed with a major psychiatric disorder?
- _____ f. Are you currently under or have you ever received treatment for an alcohol or drug-related condition?
- _____ g. Have you ever been involved in the unlawful use of controlled substances?

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Comments:

10. Malpractice, Licensure, Privileging Action, and Legal History. (Answer "yes" or "no." Explain all "yes" answers in comments section.)

_____ a. Have you ever been denied staff appointment or had your privileges suspended, limited, revoked, or renewal denied?

_____ b. Have you ever been the subject of a malpractice claim? (Indicate final disposition or current status of claim in comments.)

_____ c. Have you ever been a defendant in a felony or misdemeanor case? (Indicate final disposition of case in comments.)

_____ d. Have you ever voluntarily or involuntarily withdrawn or reduced your staff appointment with clinical privileges?

_____ e. Has there been previously successful or currently pending challenges, revocation, or restriction to any licensure, certification, or registration (State, district, or Drug Enforcement Agency) to practice in any jurisdiction, or the voluntary/involuntary relinquishment of such licensure, certification, or registration?

Comments:

11. Moonlighting information. (Specify other facilities where you currently hold clinical privileges.)

Institution	Full Address	Department	Priv Spec

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12. Other information. (Include any additional information that you wish to bring to the attention of the privileging authority.)

This image shows a full page of blank primary-ruled paper. It features ten sets of horizontal lines, each consisting of a solid top line, a dashed midline, and a solid bottom line, providing a guide for letter height and placement. The paper is white and contains no other markings or text.

(Signature)

(Date)